



Indiana Grain Indemnity Corporation

One North Capitol Avenue, Suite 600

Indianapolis, IN 46204

Phone: (317) 232-1360

Quarterly Report and Remittance

The Indiana Grain Indemnity Fund (IC-26-4-4-1) was established for the purpose of providing money to pay grain producers for losses incurred due to the failure of a grain buyer.

As per IC 26-4-4-4 beginning July 1, 2015, grain producers will be charged a two-tenths percent (0.2%) premium on all grain sold in Indiana.

Buyers shall deduct these premiums from the gross sales price and shall remit to the Indiana Grain Indemnity Corporation (IGIC). The producer premium (Premium), as defined in IC-26-4-1-19, shall be calculated using the gross sales price of the grain including all premiums and discounts for moisture, quality, variety or any other characteristics of the grain. The producer premium shall be calculated before the deduction of marketing assessments, storage, drying, cleaning or any other service charges.

Pursuant to IC 26-4-4-6, when purchasing grain, a grain buyer, a grain buyer's agent, or a grain buyer's representative shall deduct the Premium from the producer's payment and document the Premium paid by the producer. Premiums collected shall be mailed to the IGIC office by the following dates:

October 31 for producer premiums collected July-August-September
January 31 for producer premiums collected October-November-December
April 30 for producer premiums collected January-February-March
July 31 for producer premiums collected April-May-June

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Email: _____

Calculation of amount of premium collected from producers for:

MONTH	DOLLAR AMOUNT OF PURCHASES
QUARTERLY TOTAL	\$ _____ x .002 = \$ _____

Please remit a check for the above amount payable to the **Indiana Grain Indemnity Corporation.**

This quarterly report must be completed and submitted each quarter even if no grain purchases were made.

I, the undersigned, attest that this report has been examined by me and to the best of my knowledge is true, correct, and complete.

Authorized Signature _____ Title _____

Printed Name _____ Date _____

FOR OFFICE USE ONLY: Amount \$ _____ Check # _____